



# Traffic Crash Report

|                       |  |                                |
|-----------------------|--|--------------------------------|
| Local Report Number * | Crash Severity                         | Hit/Skip                       |
| 20181081              | 3 - 1 - Fatal<br>2 - Injury<br>3 - PDO | 2 - 1 - Solved<br>2 - Unsolved |

Local Information  
SHERWIN WILLIAMS PAINTS

|   |   |  |                                  |   |                       |   |
|---|---|--|----------------------------------|---|-----------------------|---|
| <input type="checkbox"/> Photos Taken<br><input type="checkbox"/> OH-2<br><input type="checkbox"/> OH-3<br><input type="checkbox"/> Other | <input type="checkbox"/> PDO Under State Reportable Dollar Amount | <input checked="" type="checkbox"/> Private Property | Reporting Agency NCIC *<br>01820 | Reporting Agency Name *<br>GARFIELD HEIGHTS | Number of Units<br>02 | Unit in error<br>02 98 - Animal<br>99 - Unknown |
|---|---|--|----------------------------------|---|-----------------------|---|

|                |   |   |                          |                       |                   |
|----------------|---|---|--------------------------|-----------------------|-------------------|
| County *<br>18 | <input checked="" type="checkbox"/> City *<br><input type="checkbox"/> Village *<br><input type="checkbox"/> Township * | City, Village, Township *<br>GARFIELD HTS | Crash Date *<br>03302018 | Time of Crash<br>2357 | Day of Week<br>FR |
|----------------|---|---|--------------------------|-----------------------|-------------------|

|                                      |           |                          |            |
|--------------------------------------|-----------|--------------------------|------------|
| Degrees / Minutes / Seconds Latitude | Longitude | Decimal Degrees Latitude | Longitude  |
|                                      |           | 41.424298                | -81.611618 |

|   |  |                                |                            |   |
|---|--|--------------------------------|----------------------------|---|
| Roadway Division<br><input type="checkbox"/> Divided<br><input checked="" type="checkbox"/> Undivided | Divided Lane Direction of Travel<br><input type="checkbox"/> N - Northbound<br><input type="checkbox"/> S - Southbound | E - Eastbound<br>W - Westbound | Number of Thru Lanes<br>02 | Road Types or Milepost <sup>2</sup><br>AL - Alley<br>AV - Avenue<br>BL - Boulevard<br>CR - Circle<br>CT - Court<br>DR - Drive<br>HE - Heights<br>HW - Highway<br>LA - Lane<br>MP - Milepost<br>PK - Parkway<br>PI - Pike<br>PL - Place<br>RD - Road<br>SQ - Square<br>ST - Street<br>TE - Terrace<br>TL - Trail<br>WA - Way |
|---|--|--------------------------------|----------------------------|---|

|   |                       |                            |                              |                                       |  |  |
|---|-----------------------|----------------------------|------------------------------|---------------------------------------|--|--|
| Location Route Type <sup>1</sup><br>Route | Location Route Number | Loc. Prefix<br>N.S.<br>E,W | Location Road name<br>TURNEY | Location Road Type <sup>2</sup><br>RD | Route Types <sup>1</sup><br>IR - Interstate Route (inc. turnpike)<br>US - US Route<br>SR - State Route | CR - Numbered County Route<br>TR - Numbered Township Route |
|---|-----------------------|----------------------------|------------------------------|---------------------------------------|--|--|

|  |                             |                                   |                        |                           |  |                                  |
|--|-----------------------------|-----------------------------------|------------------------|---------------------------|--|----------------------------------|
| Distance From Reference<br><input type="checkbox"/> Miles<br><input type="checkbox"/> Feet<br><input type="checkbox"/> Yards | Dir From Ref<br>N.S.<br>E,W | Reference Route Type <sup>1</sup> | Reference Route Number | Ref Prefix<br>N.S.<br>E,W | Reference Name (Road, Milepost, House #)<br>5020 | Reference Road Type <sup>2</sup> |
|--|-----------------------------|-----------------------------------|------------------------|---------------------------|--|----------------------------------|

|   |                      |  |   |  |   |  |  |
|---|----------------------|--|---|--|---|--|--|
| Reference Point Used<br>3 - 1 - Intersection<br>2 - Mile Post<br>3 - House Number | Crash Location<br>01 | 01 - Not an intersection<br>02 - Four-way Intersection<br>03 - T-Intersection<br>04 - Y-Intersection<br>05 - Traffic Circle/Roundabout | 06 - Five-point, or more<br>07 - On Ramp<br>08 - Off Ramp<br>09 - Crossover<br>10 - Driveway/Alley Access | 11 - Railway Grade Crossing<br>12 - Shared-Use Paths or Trails<br>99 - Unknown | <input type="checkbox"/> Intersection Related | Location of First Harmful Event<br>6 - 1 - On Roadway<br>2 - On Shoulder<br>3 - In Median<br>4 - On Roadside | 5 - On Gore<br>6 - Outside Trafficway<br>9 - Unknown |
|---|----------------------|--|---|--|---|--|--|

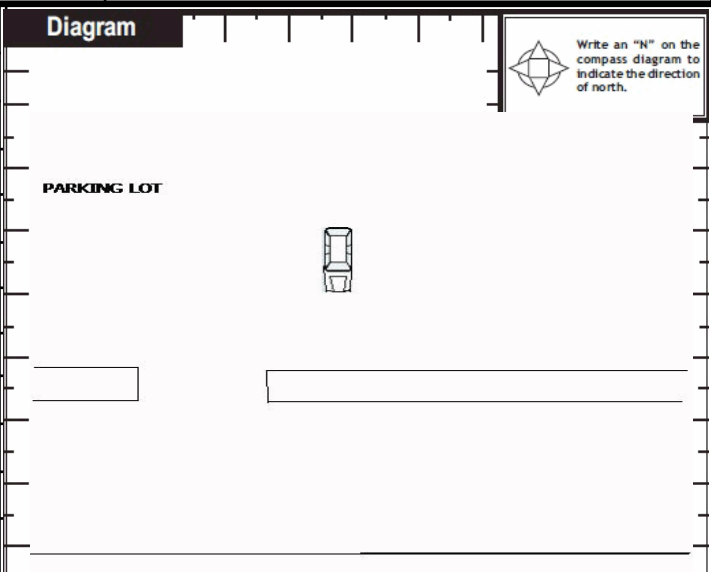
|   |   |   |  |  |                            |
|---|---|---|--|--|----------------------------|
| Road Contour<br>1 - Straight Level<br>2 - Straight Grade<br>3 - Curve Level<br>4 - Curve Grade<br>9 - Unknown | Road Conditions<br>Primary<br>Secondary | 01 - Dry<br>02 - Wet<br>03 - Snow<br>04 - Ice | 05 - Sand, Mud, Dirt, Oil, gravel<br>06 - Water (Standing, Moving)<br>07 - Slush<br>08 - Debris* | 09 - Rut, Holes, Bumps, Uneven Pavement*<br>10 - Other<br>99 - Unknown | * Secondary Condition Only |
|---|---|---|--|--|----------------------------|

|   |   |
|---|---|
| Manner of Crash Collision/Impact<br>1 - Not Collision Between Two Motor Vehicles In Transport<br>2 - Rear-End<br>3 - Head-On<br>4 - Rear-to-Rear<br>5 - Backing<br>6 - Angle<br>7 - Sideswipe, Same Direction<br>8 - Sideswipe, Opposite Direction<br>9 - Unknown | Weather<br>1 - Clear<br>2 - Cloudy<br>3 - Fog, Smog, Smoke<br>4 - Rain<br>5 - Sleet, Hail<br>6 - Snow<br>7 - Severe Crosswinds<br>8 - Blowing Sand, Soil, Dirt, Snow<br>9 - Other/Unknown |
|---|---|

|  |  |  |   |   |
|--|--|--|---|---|
| Road Surface<br>2 - 1 - Concrete<br>2 - Blacktop, Bituminous, Asphalt<br>3 - Brick/Block<br>4 - Slag, Gravel, Stone<br>5 - Dirt<br>6 - Other | Light conditions<br>4 - Primary<br>Secondary | 1 - Daylight<br>2 - Dawn<br>3 - Dusk<br>4 - Dark - Lighted Roadway | 5 - Dark - Roadway Not Lighted<br>6 - Dark - Unknown Roadway Lighting<br>7 - Glare*<br>8 - Other<br>9 - Unknown | <input type="checkbox"/> School Zone Related<br><input type="checkbox"/> School Zone Directly Involved<br><input type="checkbox"/> School Bus Indirectly Involved |
|--|--|--|---|---|

|   |   |   |
|---|---|---|
| <input type="checkbox"/> Work Zone Related<br><input type="checkbox"/> Workers Present<br><input type="checkbox"/> Law Enforcement Present (Officer/Vehicle)<br><input type="checkbox"/> Law Enforcement Present (Vehicle Only) | Type of Work Zone<br>1 - Lane Closure<br>2 - Lane Shift/Crossover<br>3 - Work on Shoulder or Median<br>4 - Intermittent or Moving Work<br>5 - Other | Location of Crash in Work Zone<br>1 - Before the first Work Zone Warning Sign<br>2 - Advance Warning Area<br>3 - Transition Area<br>4 - Activity Area<br>5 - Termination Area |
|---|---|---|

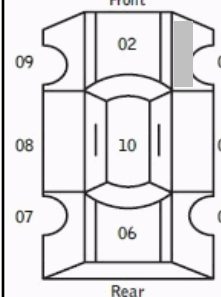
Narrative  
UNIT 1 WAS PARKED IN LOT, UNIT 2 STRUCK UNIT 1 AS IT DROVE THRU LOT THERE WAS DAMAGE TO UNIT 2 WHICH SHOW IT TO BE RED IN COLOR AND THE LIGHT LENS WAS DAMAGED.

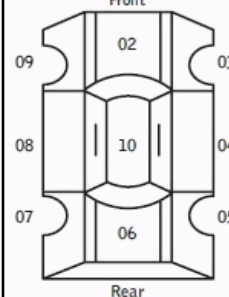


Report Taken By  Police Agency  Motorist  Supplement (Correction or Addition to an Existing Report Sent to ODPS)

|                                 |                             |                       |                      |                      |                                |                     |
|---------------------------------|-----------------------------|-----------------------|----------------------|----------------------|--------------------------------|---------------------|
| Date Crash Reported<br>03302018 | Time Crash Reported<br>2357 | Dispatch Time<br>0005 | Arrival Time<br>0007 | Time Cleared<br>0022 | Other Investigation Time<br>10 | Total Minutes<br>25 |
|---------------------------------|-----------------------------|-----------------------|----------------------|----------------------|--------------------------------|---------------------|

|                               |                               |                            |         |
|-------------------------------|-------------------------------|----------------------------|---------|
| Officer's Name *<br>D. Dupont | Officer's Badge Number<br>050 | Checked By<br>L11 T. Vargo | Page of |
|-------------------------------|-------------------------------|----------------------------|---------|

|   |  |   |   |  |
|---|--|---|---|--|
| Unit Number<br><b>01</b>  | Owner Name: Last, First, Middle<br><b>HINE ADAM J</b> <input type="checkbox"/> Same As Driver  | Owner Phone Number - inc. area code<br><b>216-310-2106</b> <input type="checkbox"/> Same As Driver  | Damage Scale<br><b>2</b>  | Damaged Area<br>  |
| Owner Address, City, State, Zip <input type="checkbox"/> Same As Driver<br><b>1412 VILLA DR SOUTH EUCLID OH 44121</b>   |  |   |   |  |
| LP State<br><b>OH</b>   | License Plate Number<br><b>531YYU</b>  | Vehicle Identification Number<br><b>1F M 5 K 8 D 8 8 E G B 4 5 1 5 1</b>  | # Occupants<br><b>00</b>  |  |
| Vehicle Year<br><b>2014</b>   | Vehicle Make<br><b>FORD Ford</b>   | Vehicle Model<br><b>EX2 Explorer XI 4x2</b>   | Vehicle Color<br><b>SIL Alum/Silver</b>   |  |
| <input type="checkbox"/> Proof of Insurance Shown   | Insurance Company<br><b>Esurance</b>   | Policy Number   | Towed By<br><b>N/A</b>  |  |
| Carrier Name, Address, City, State, Zip   |  |   |   | Carrier Phone - include area code  |
| US DOT  | Vehicle Weight GVWR/GCWR<br><b>1</b> 1 - Less Than or Equal to 10k Lbs.<br>2 - 10,001 to 26,000 Lbs.<br>3 - More Than 26,000 Lbs.  | Cargo Body Type<br><b>01</b> 01 - No Cargo Body Type/Not Applicable<br>02 - Bus/Van(9-15 Seats, Inc.Driver)<br>03 - Bus(16+ Seats, Inc Driver)<br>04 - Vehicle Towing Another Vehicle<br>05 - Logging<br>06 - Intermodal Container Chassis<br>07 - Cargo Van/Enclosed Box<br>08 - Grain, Chips, Gravel                              | Trafficway Description<br><b>1</b> 1 - Two-Way, Not Divided<br>2 - Two-Way, Not Divided, Continuous Left Turn Lane<br>3 - Two-Way, Divided, Unprotected (Painted or Grass>4 Ft.) Median<br>4 - Two-Way, Divided, Positive Median Barrier<br>5 - One-Way Trafficway  |  |
| HM Placard ID No.   | <input type="checkbox"/> Hazardous Material Released   | <input type="checkbox"/> Hit / Skip Unit  |   |  |
| HM Class Number   | <input type="checkbox"/> Has HM Placard  |   |   |  |
| Non-Motorist Location Prior to Impact<br><b>01</b> 01 - Intersection - Marked Crosswalk<br>02 - Intersection - No Crosswalk<br>03 - Intersection - Other<br>04 - Midblock - Marked Crosswalk<br>05 - Travel Lane - Other Location<br>06 - Bicycle Lane<br>07 - Shoulder/Roadside<br>08 - Sidewalk<br>09 - Median/Crossing Island<br>10 - Driveway Access<br>11 - Shared-Use Path or Trail<br>12 - Non-Trafficway Area<br>99 - Other/Unknown | Type of Use<br><b>1</b> 1 - Personal<br>2 - Commercial<br>3 - Government<br><input type="checkbox"/> In Emergency Response   | Unit Type<br><b>06</b> 01 - Sub-Compact<br>02 - Compact<br>03 - Mid Size<br>04 - Full Size<br>05 - Minivan<br>06 - Sports Utility Vehicle<br>07 - Pickup<br>08 - Van<br>09 - Motorcycle<br>10 - Motorized Bicycle<br>11 - Snowmobile/ATV<br>12 - Other Passenger Vehicle  | Passenger Vehicle (less than 9 passengers)<br>Med/Heavy Trucks or Combo Units>10k lbs<br>Bus/Van/Limo (9 or More Including Driver)  | 21 - Bus/Van (9-15 Seats, Inc Driver)<br>22 - Bus(16+ Seats, Inc Driver)<br>23 - Animal with Rider<br>24 - Animal with Buggy, Wagon, Surrey<br>25 - Bicycle/Pedacyclist<br>26 - Pedestrian/Skater<br>27 - Other Non-Motorist |
| Special Function<br><b>01</b> 01 - None<br>02 - Taxi<br>03 - Rental Truck (Over 10K Lbs)<br>04 - Bus - School (Public or Private)<br>05 - Bus - Transit<br>06 - Bus - Charter<br>07 - Bus - Shuttle<br>08 - Bus - Other   | 09 - Ambulance<br>10 - Fire<br>11 - Highway/Maintenance<br>12 - Military<br>13 - Police<br>14 - Public Utility<br>15 - Other Government<br>16 - Construction Equip.  | 17 - Farm Vehicle<br>18 - Farm Equipment<br>19 - Motorhome<br>20 - Golf Cart<br>21 - Train<br>22 - Other (Explain in Narrative)   | Most Damaged Area<br><b>03</b> 01 - None<br>02 - Center Front<br>03 - Right Front<br>04 - Right Side<br>05 - Right Rear<br>06 - Rear Center<br>07 - Left Rear<br>08 - Left Side<br>09 - Left Front<br>10 - Top and Windows<br>11 - Undercarriage<br>12 - Load/Trailer<br>13 - Total (All Areas)<br>14 - Other | Action<br><b>4</b> 1 - Non-Contact<br>2 - Non-Collision<br>3 - Striking<br>4 - Struck<br>5 - Striking/Struck<br>9 - Unknown  |
| Pre-Crash Actions<br><b>10</b> 01 - Straight Ahead<br>02 - Backing<br>03 - Changing Lanes<br>99 - Unknown<br>04 - Overtaking/Passing<br>05 - Making Right Turn<br>06 - Making Left Turn   | Motorist<br>07 - Making U-Turn<br>08 - Entering Traffic Lane<br>09 - Leaving Traffic Lane<br>10 - Parked<br>11 - Slowing or Stopped in Traffic<br>12 - Driverless  | 13 - Negotiating a Curve<br>14 - Other Motorist Action  | Non-Motorist<br>15 - Entering or Crossing Specified Location<br>16 - Walking, Running, Jogging, Playing, Cycling<br>17 - Working<br>18 - Pushing Vehicle<br>19 - Approaching or Leaving Vehicle<br>20 - Standing  | 21 - Other Non-Motorist Action   |
| Contributing Circumstances<br>Primary<br><b>01</b> 01 - None<br>02 - Failure to Yield<br>03 - Ran Red Light<br>04 - Ran Stop Sign<br>Secondary<br><b>01</b> 05 - Exceeded Speed Limit<br>06 - Unsafe Speed<br>07 - Improper Turn<br>08 - Left of Center<br>99 - Unknown<br>09 - Followed Too Closely/ACDA<br>10 - Improper Lane Change /Passing/Off Road  | Motorist<br>11 - Improper Backing<br>12 - Improper Start From Parked Position<br>13 - Stopped or Parked Illegally<br>14 - Operating Vehicle in Negligent Manner<br>15 - Swerving to Avoid (Due to External Conditions)<br>16 - Wrong Side/Wrong Way<br>17 - Failure to Control<br>18 - Vision Obstruction<br>19 - Operating Defective Equipment<br>20 - Load Shifting/Falling/Spilling<br>21 - Other Improper Action | Non-Motorist<br>22 - None<br>23 - Improper Crossing<br>24 - Darting<br>25 - Lying and/or Illegally in Roadway<br>26 - Failure to Yield Right of Way<br>27 - Not Visible (Dark Clothing)<br>28 - Inattentive<br>29 - Failure to Obey Traffic Signs /Signals/Officer<br>30 - Wrong Side of the Road<br>31 - Other Non-Motorist Action | Vehicle Defects<br><b>01</b> 01 - Turn Signals<br>02 - Head Lamps<br>03 - Tail Lamps<br>04 - Brakes<br>05 - Steering<br>06 - Tire Blowout<br>07 - Worn or Slick tires<br>08 - Trailer Equipment Defective<br>09 - Motor Trouble<br>10 - Disabled From Prior Accident<br>11 - Other Defects                    |  |
| Sequence of Events<br>1 <b>99</b> 2 <b>01</b> 3 <b>01</b> 4 <b>01</b> 5 <b>01</b> 6 <b>01</b><br>First Harmful Event <b>1</b> Most Harmful Event <b>1</b> 99 - Unknown  | <b>Non-Collision Events</b><br>01 - Overturn/Rollover<br>02 - Fire/Explosion<br>03 - Immersion<br>04 - Jackknife<br>05 - Cargo/Equipment Loss or Shift   | 06 - Equipment Failure (Blown Tire, Brake Failure, etc)<br>07 - Separation of Units<br>08 - Ran Off Road Right<br>09 - Ran Off Road Left  | 10 - Cross Median<br>11 - Cross Center Line Opposite Direction of Travel<br>12 - Downhill Runaway<br>13 - Other Non-Collision   |  |
| <b>Collision with Person, Vehicle or Object Not Fixed</b><br>14 - Pedestrian<br>15 - Pedalcycle<br>16 - Railway Vehicle (Train,Engine)<br>17 - Animal - Farm<br>18 - Animal - Deer<br>19 - Animal - Other<br>20 - Motor Vehicle in Transport  | <b>Collision With Fixed Object</b><br>21 - Parked Motor Vehicle<br>22 - Work Zone Maintenance Equipment<br>23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle<br>24 - Other Movable Object  | 25 - Impact Attenuator/Crash Cushion<br>26 - Bridge Overhead Structure<br>27 - Bridge Pier or Abutment<br>28 - Bridge Parapet<br>29 - Bridge Rail<br>30 - Guardrail Face<br>31 - Guardrail End<br>32 - Portable Barrier   | 33 - Median Cable Barrier<br>34 - Median Guardrail Barrier<br>35 - Median Concrete Barrier<br>36 - Median Other Barrier<br>37 - Traffic Sign Post<br>38 - Overhead Sign Post<br>39 - Light/Luminaries Support<br>40 - Utility Pole  |  |
| 41 - Other Post, Pole or Support<br>42 - Culvert<br>43 - Curb<br>44 - Ditch<br>45 - Embankment<br>46 - Fence<br>47 Mailbox  | 48 - Tree<br>49 - Fire Hydrant<br>50 - Work Zone Maintenance Equipment<br>51 - Wall, Building, Tunnel<br>52 - Other Fixed Object   | Unit Speed<br><b>0</b> <input type="checkbox"/> Stated <input type="checkbox"/> Estimated   | Posted Speed<br><b>15</b>   | Traffic Control<br><b>01</b> 01 - No Controls<br>02 - Stop Sign<br>03 - Yield Sign<br>04 - Traffic Signal<br>05 - Traffic Flashers<br>06 - School Zone   |
| 07 - Railroad Crossbucks<br>08 - Railroad Flashers<br>09 - Railroad Gates<br>10 - Construction Barricade<br>11 - Person (Flagger, Officer)<br>12 - Pavement Markings  | 13 - Crosswalk Lines<br>14 - Walk/Don't Walk<br>15 - Other<br>16 - Not Reported  | Unit Direction<br>From <b>4</b> To <b>3</b><br>1 - North<br>2 - South<br>3 - East<br>4 - West   | 5 - Northeast<br>6 - Northwest<br>7 - Southeast<br>8 - Southwest  | 9 - Unknown  |

|  |  |   |   |   |  |
|--|--|---|---|---|--|
| Unit Number<br><b>0 2</b>  | Owner Name: Last, First, Middle<br>( <input type="checkbox"/> Same As Driver )   | Owner Phone Number - inc. area code<br>( <input type="checkbox"/> Same As Driver )  | Damage Scale<br><b>9</b>  | Damaged Area<br>   |  |
| Owner Address, City, State, Zip<br>( <input type="checkbox"/> Same As Driver )   |  |   | 1 - None  |   |  |
| LP State   | License Plate Number   | Vehicle Identification Number   | 2 - Minor   |   |  |
| Vehicle Year   |  | Vehicle Make  | 3 - Functional  |   |  |
| Vehicle Model  |  | Vehicle Color   | 4 - Disabling   |   |  |
| <input type="checkbox"/> Proof of Insurance Shown  | Insurance Company<br><b>UNK</b>  | Policy Number   | 9 - Unknown   |   |  |
| Towed By<br><b>NONE</b>  |  |   |   |   |  |
| Carrier Name, Address, City, State, Zip  |  |   | Carrier Phone - include area code   |   |  |
| US DOT   | Vehicle Weight GVWR/GCWR<br><input type="checkbox"/> 1 - Less Than or Equal to 10k Lbs.<br><input type="checkbox"/> 2 - 10,001 to 26,000 Lbs.<br><input type="checkbox"/> 3 - More Than 26,000 Lbs.  | Cargo Body Type<br><input type="checkbox"/> 01 - No Cargo Body Type/Not Applicable<br><input type="checkbox"/> 02 - Bus/Van(9-15 Seats, Inc.Driver)<br><input type="checkbox"/> 03 - Bus(16+ Seats, Inc Driver)<br><input type="checkbox"/> 04 - Vehicle Towing Another Vehicle<br><input type="checkbox"/> 05 - Logging<br><input type="checkbox"/> 06 - Intermodal Container Chassis<br><input type="checkbox"/> 07 - Cargo Van/Enclosed Box<br><input type="checkbox"/> 08 - Grain, Chips, Gravel  | Trafficway Description<br><input type="checkbox"/> 1 - Two-Way, Not Divided<br><input type="checkbox"/> 2 - Two-Way, Not Divided, Continuous Left Turn Lane<br><input type="checkbox"/> 3 - Two-Way, Divided, Unprotected (Painted or Grass>4 Ft.) Median<br><input type="checkbox"/> 4 - Two-Way, Divided, Positive Median Barrier<br><input type="checkbox"/> 5 - One-Way Trafficway<br><input checked="" type="checkbox"/> Hit / Skip Unit   |   |  |
| HM Placard ID No.  | <input type="checkbox"/> Hazardous Material Released   | 09 - Pole<br>10 - Cargo Tank<br>11 - Flat Bed<br>12 - Dump<br>13 - Concrete Mixer<br>14 - Auto Transporter<br>15 - Garbage/Refuse<br>99 - Other/Unknown   |   |   |  |
| HM Class Number  |  |   |   |   |  |
| Non-Motorist Location Prior to Impact<br><input type="checkbox"/> 01 - Intersection - Marked Crosswalk<br><input type="checkbox"/> 02 - Intersection - No Crosswalk<br><input type="checkbox"/> 03 - Intersection - Other<br><input type="checkbox"/> 04 - Midblock - Marked Crosswalk<br><input type="checkbox"/> 05 - Travel Lane - Other Location<br><input type="checkbox"/> 06 - Bicycle Lane<br><input type="checkbox"/> 07 - Shoulder/Roadside<br><input type="checkbox"/> 08 - Sidewalk<br><input type="checkbox"/> 09 - Median/Crossing Island<br><input type="checkbox"/> 10 - Driveway Access<br><input type="checkbox"/> 11 - Shared-Use Path or Trail<br><input type="checkbox"/> 12 - Non-Trafficway Area<br><input type="checkbox"/> 99 - Other/Unknown | Type of Use<br><input type="checkbox"/> 1 - Personal<br><input type="checkbox"/> 2 - Commercial<br><input type="checkbox"/> 3 - Government<br><br><input type="checkbox"/> In Emergency Response   | Unit Type<br><input type="checkbox"/> 99 - Unknown or Hit/Skip<br><br><input type="checkbox"/> 01 - Sub-Compact<br><input type="checkbox"/> 02 - Compact<br><input type="checkbox"/> 03 - Mid Size<br><input type="checkbox"/> 04 - Full Size<br><input type="checkbox"/> 05 - Minivan<br><input type="checkbox"/> 06 - Sports Utility Vehicle<br><input type="checkbox"/> 07 - Pickup<br><input type="checkbox"/> 08 - Van<br><input type="checkbox"/> 09 - Motorcycle<br><input type="checkbox"/> 10 - Motorized Bicycle<br><input type="checkbox"/> 11 - Snowmobile/ATV<br><input type="checkbox"/> 12 - Other Passenger Vehicle   | Passenger Vehicle (less than 9 passengers)<br>Med/Heavy Trucks or Combo Units>10k lbs<br>Bus/Van/Limo (9 or More Including Driver)  | 13 - Single Unit Truck or Van 2axle,6 tires<br>14 - Single Unit Truck 3+ axles<br>15 - Single Unit Truck/Trailer<br>16 - Truck/Tractor(Bobtail)<br>17 - Tractor/Semi-Trailer<br>18 - Tractor/Double<br>19 - Tractor/Triples<br>20 - Other Med/Heavy Vehicle<br><br>21 - Bus/Van (9-15 Seats, Inc Driver)<br>22 - BUS(16+ Seats, Inc Driver)<br><br>23 - Animal with Rider<br>24 - Animal with Buggy, Wagon, Surrey<br>25 - Bicycle/Pedacyclist<br>26 - Pedestrian/Skater<br>27 - Other Non-Motorist   |  |
| Special Function<br><input type="checkbox"/> 01 - None<br><input type="checkbox"/> 02 - Taxi<br><input type="checkbox"/> 03 - Rental Truck (Over 10K Lbs)<br><input type="checkbox"/> 04 - Bus - School (Public or Private)<br><input type="checkbox"/> 05 - Bus - Transit<br><input type="checkbox"/> 06 - Bus - Charter<br><input type="checkbox"/> 07 - Bus - Shuttle<br><input type="checkbox"/> 08 - Bus - Other  | <input type="checkbox"/> 09 - Ambulance<br><input type="checkbox"/> 10 - Fire<br><input type="checkbox"/> 11 - Highway/Maintenance<br><input type="checkbox"/> 12 - Military<br><input type="checkbox"/> 13 - Police<br><input type="checkbox"/> 14 - Public Utility<br><input type="checkbox"/> 15 - Other Government<br><input type="checkbox"/> 16 - Construction Equip.  | <input type="checkbox"/> 17 - Farm Vehicle<br><input type="checkbox"/> 18 - Farm Equipment<br><input type="checkbox"/> 19 - Motorhome<br><input type="checkbox"/> 20 - Golf Cart<br><input type="checkbox"/> 21 - Train<br><input type="checkbox"/> 22 - Other (Explain in Narrative)   | Most Damaged Area<br><input type="checkbox"/> 02<br><br><input type="checkbox"/> 99   | Impact Area<br><input type="checkbox"/> 02<br><br><input type="checkbox"/> 99   | Action<br><input type="checkbox"/> 9<br><br><input type="checkbox"/> 1 - Non-Contact<br><input type="checkbox"/> 2 - Non-Collision<br><input type="checkbox"/> 3 - Striking<br><input type="checkbox"/> 4 - Struck<br><input type="checkbox"/> 5 - Striking/Struck<br><input type="checkbox"/> 9 - Unknown   |
| Pre-Crash Actions<br><input type="checkbox"/> 99   | Motorist<br><input type="checkbox"/> 01 - Straight Ahead<br><input type="checkbox"/> 02 - Backing<br><input type="checkbox"/> 03 - Changing Lanes<br><input type="checkbox"/> 04 - Overtaking/Passing<br><input type="checkbox"/> 05 - Making Right Turn<br><input type="checkbox"/> 06 - Making Left Turn   | <input type="checkbox"/> 07 - Making U-Turn<br><input type="checkbox"/> 08 - Entering Traffic Lane<br><input type="checkbox"/> 09 - Leaving Traffic Lane<br><input type="checkbox"/> 10 - Parked<br><input type="checkbox"/> 11 - Slowing or Stopped in Traffic<br><input type="checkbox"/> 12 - Driverless   | <input type="checkbox"/> 13 - Negotiating a Curve<br><input type="checkbox"/> 14 - Other Motorist Action  | Non-Motorist<br><input type="checkbox"/> 15 - Entering or Crossing Specified Location<br><input type="checkbox"/> 16 - Walking, Running, Jogging, Playing, Cycling<br><input type="checkbox"/> 17 - Working<br><input type="checkbox"/> 18 - Pushing Vehicle<br><input type="checkbox"/> 19 - Approaching or Leaving Vehicle<br><input type="checkbox"/> 20 - Standing  | <input type="checkbox"/> 21 - Other Non-Motorist Action  |
| Contributing Circumstances<br>Primary<br><input type="checkbox"/> 28<br>Secondary<br><input type="checkbox"/> 99   | Motorist<br><input type="checkbox"/> 01 - None<br><input type="checkbox"/> 02 - Failure to Yield<br><input type="checkbox"/> 03 - Ran Red Light<br><input type="checkbox"/> 04 - Ran Stop Sign<br><input type="checkbox"/> 05 - Exceeded Speed Limit<br><input type="checkbox"/> 06 - Unsafe Speed<br><input type="checkbox"/> 07 - Improper Turn<br><input type="checkbox"/> 08 - Left of Center<br><input type="checkbox"/> 09 - Followed Too Closely/ACDA<br><input type="checkbox"/> 10 - Improper Lane Change /Passing/Off Road | Non-Motorist<br><input type="checkbox"/> 11 - Improper Backing<br><input type="checkbox"/> 12 - Improper Start From Parked Position<br><input type="checkbox"/> 13 - Stopped or Parked Illegally<br><input type="checkbox"/> 14 - Operating Vehicle in Negligent Manner<br><input type="checkbox"/> 15 - Swerving to Avoid (Due to External Conditions)<br><input type="checkbox"/> 16 - Wrong Side/Wrong Way<br><input type="checkbox"/> 17 - Failure to Control<br><input type="checkbox"/> 18 - Vision Obstruction<br><input type="checkbox"/> 19 - Operating Defective Equipment<br><input type="checkbox"/> 20 - Load Shifting/Falling/Spilling<br><input type="checkbox"/> 21 - Other Improper Action | Non-Motorist<br><input type="checkbox"/> 22 - None<br><input type="checkbox"/> 23 - Improper Crossing<br><input type="checkbox"/> 24 - Darting<br><input type="checkbox"/> 25 - Lying and/or Illegally in Roadway<br><input type="checkbox"/> 26 - Failure to Yield Right of Way<br><input type="checkbox"/> 27 - Not Visible (Dark Clothing)<br><input type="checkbox"/> 28 - Inattentive<br><input type="checkbox"/> 29 - Failure to Obey Traffic Signs /Signals/Officer<br><input type="checkbox"/> 30 - Wrong Side of the Road<br><input type="checkbox"/> 31 - Other Non-Motorist Action | Vehicle Defects<br><input type="checkbox"/> 01 - Turn Signals<br><input type="checkbox"/> 02 - Head Lamps<br><input type="checkbox"/> 03 - Tail Lamps<br><input type="checkbox"/> 04 - Brakes<br><input type="checkbox"/> 05 - Steering<br><input type="checkbox"/> 06 - Tire Blowout<br><input type="checkbox"/> 07 - Worn or Slick tires<br><input type="checkbox"/> 08 - Trailer Equipment Defective<br><input type="checkbox"/> 09 - Motor Trouble<br><input type="checkbox"/> 10 - Disabled From Prior Accident<br><input type="checkbox"/> 11 - Other Defects |  |
| Sequence of Events<br>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/><br>First Harmful Event <input type="checkbox"/> 1<br>Most Harmful Event <input type="checkbox"/> 1   | <b>Non-Collision Events</b><br><input type="checkbox"/> 01 - Overturn/Rollover<br><input type="checkbox"/> 02 - Fire/Explosion<br><input type="checkbox"/> 03 - Immersion<br><input type="checkbox"/> 04 - Jackknife<br><input type="checkbox"/> 05 - Cargo/Equipment Loss or Shift  | <input type="checkbox"/> 06 - Equipment Failure (Blown Tire, Brake Failure, etc)<br><input type="checkbox"/> 07 - Separation of Units<br><input type="checkbox"/> 08 - Ran Off Road Right<br><input type="checkbox"/> 09 - Ran Off Road Left  | <input type="checkbox"/> 10 - Cross Median<br><input type="checkbox"/> 11 - Cross Center Line Opposite Direction of Travel<br><input type="checkbox"/> 12 - Downhill Runaway<br><input type="checkbox"/> 13 - Other Non-Collision   | <b>Collision With Person, Vehicle or Object Not Fixed</b><br><input type="checkbox"/> 14 - Pedestrian<br><input type="checkbox"/> 15 - Pedalcycle<br><input type="checkbox"/> 16 - Railway Vehicle (Train,Engine)<br><input type="checkbox"/> 17 - Animal - Farm<br><input type="checkbox"/> 18 - Animal - Deer<br><input type="checkbox"/> 19 - Animal - Other<br><input type="checkbox"/> 20 - Motor Vehicle in Transport   | <b>Collision With Fixed Object</b><br><input type="checkbox"/> 21 - Parked Motor Vehicle<br><input type="checkbox"/> 22 - Work Zone Maintenance Equipment<br><input type="checkbox"/> 23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle<br><input type="checkbox"/> 24 - Other Movable Object<br><input type="checkbox"/> 25 - Impact Attenuator/Crash Cushion<br><input type="checkbox"/> 26 - Bridge Overhead Structure<br><input type="checkbox"/> 27 - Bridge Pier or Abutment<br><input type="checkbox"/> 28 - Bridge Parapet<br><input type="checkbox"/> 29 - Bridge Rail<br><input type="checkbox"/> 30 - Guardrail Face<br><input type="checkbox"/> 31 - Guardrail End<br><input type="checkbox"/> 32 - Portable Barrier<br><input type="checkbox"/> 33 - Median Cable Barrier<br><input type="checkbox"/> 34 - Median Guardrail Barrier<br><input type="checkbox"/> 35 - Median Concrete Barrier<br><input type="checkbox"/> 36 - Median Other Barrier<br><input type="checkbox"/> 37 - Traffic Sign Post<br><input type="checkbox"/> 38 - Overhead Sign Post<br><input type="checkbox"/> 39 - Light/Luminaries Support<br><input type="checkbox"/> 40 - Utility Pole<br><input type="checkbox"/> 41 - Other Post, Pole or Support<br><input type="checkbox"/> 42 - Culvert<br><input type="checkbox"/> 43 - Curb<br><input type="checkbox"/> 44 - Ditch<br><input type="checkbox"/> 45 - Embankment<br><input type="checkbox"/> 46 - Fence<br><input type="checkbox"/> 47 Mailbox<br><input type="checkbox"/> 48 - Tree<br><input type="checkbox"/> 49 - Fire Hydrant<br><input type="checkbox"/> 50 - Work Zone Maintenance Equipment<br><input type="checkbox"/> 51 - Wall, Building, Tunnel<br><input type="checkbox"/> 52 - Other Fixed Object |
| Unit Speed<br><input type="checkbox"/> 7<br><input checked="" type="checkbox"/> Estimated  | Posted Speed<br><input type="checkbox"/> 15  | Traffic Control<br><input type="checkbox"/> 01 - No Controls<br><input type="checkbox"/> 02 - Stop Sign<br><input type="checkbox"/> 03 - Yield Sign<br><input type="checkbox"/> 04 - Traffic Signal<br><input type="checkbox"/> 05 - Traffic Flashers<br><input type="checkbox"/> 06 - School Zone<br><input type="checkbox"/> 07 - Railroad Crossbucks<br><input type="checkbox"/> 08 - Railroad Flashers<br><input type="checkbox"/> 09 - Railroad Gates<br><input type="checkbox"/> 10 - Construction Barricade<br><input type="checkbox"/> 11 - Person (Flagger, Officer)<br><input type="checkbox"/> 12 - Pavement Markings  | <input type="checkbox"/> 13 - Crosswalk Lines<br><input type="checkbox"/> 14 - Walk/Don't Walk<br><input type="checkbox"/> 15 - Other<br><input type="checkbox"/> 16 - Not Reported   | Unit Direction<br>From <input type="checkbox"/> 9 To <input type="checkbox"/> 9<br><input type="checkbox"/> 1 - North<br><input type="checkbox"/> 2 - South<br><input type="checkbox"/> 3 - East<br><input type="checkbox"/> 4 - West<br><input type="checkbox"/> 5 - Northeast<br><input type="checkbox"/> 6 - Northwest<br><input type="checkbox"/> 7 - Southeast<br><input type="checkbox"/> 8 - Southwest<br><input type="checkbox"/> 9 - Unknown   |  |



# Motorist / Non-Motorist / Occupant

Local Report Number \*

| 2 | 0 | 1 | 8 | 1 | 0 | 8 | 1 | | | | | | | | |

Motorist/Non-Motorist

Motorist/Non-Motorist

Occupant

Occupant

|                 |                           |                   |         |  |
|-----------------|---------------------------|-------------------|---------|--|
| Unit Number<br> | Name: Last, First, Middle | Date of Birth<br> | Age<br> | Gender<br><input type="checkbox"/> F - Female<br><input type="checkbox"/> M - Male |
|-----------------|---------------------------|-------------------|---------|--|

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| Address, City, State, Zip |  | Contact Phone - include area code |
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| Injuries<br><input type="checkbox"/> | Injured Taken By<br><input type="checkbox"/> | EMS Agency | Medical Facility Injured Taken To | Safety Equipment Used<br><input type="checkbox"/> | DOT Compliant Motorcycle Helmet<br><input type="checkbox"/> | Seating Position<br> | Air Bag Usage<br><input type="checkbox"/> | Ejection<br><input type="checkbox"/> | Trapped<br><input type="checkbox"/> |
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|--------------|-------------------------|--------------------------------------|---|-------------------------------------|---------------------------------------|--|---|---|------------------------|--|--|
| OL State<br> | Operator License Number | OL Class<br><input type="checkbox"/> | No Valid OL<br><input type="checkbox"/> | M/C End<br><input type="checkbox"/> | Condition<br><input type="checkbox"/> | Alcohol/Drug Suspected<br><input type="checkbox"/> | Alcohol Test Status<br><input type="checkbox"/> | Alcohol Test Type<br><input type="checkbox"/> | Alcohol Test Value<br> | Drug Test Status<br><input type="checkbox"/> | Drug Test Type<br><input type="checkbox"/> |
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|--|---------------------|-----------------|--|--|
| Offense Charged<br><input type="checkbox"/> Local Code | Offense Description | Citation Number | Hands-Free Device Used<br><input type="checkbox"/> | Driver Distracted By<br><input type="checkbox"/> |
|--|---------------------|-----------------|--|--|

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|-----------------|---------------------------|-------------------|---------|--|
| Unit Number<br> | Name: Last, First, Middle | Date of Birth<br> | Age<br> | Gender<br><input type="checkbox"/> F - Female<br><input type="checkbox"/> M - Male |
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| Address, City, State, Zip |  | Contact Phone - include area code |
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| Injuries<br><input type="checkbox"/> | Injured Taken By<br><input type="checkbox"/> | EMS Agency | Medical Facility Injured Taken To | Safety Equipment Used<br><input type="checkbox"/> | DOT Compliant Motorcycle Helmet<br><input type="checkbox"/> | Seating Position<br> | Air Bag Usage<br><input type="checkbox"/> | Ejection<br><input type="checkbox"/> | Trapped<br><input type="checkbox"/> |
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|--------------|-------------------------|--------------------------------------|---|-------------------------------------|---------------------------------------|--|---|---|------------------------|--|--|
| OL State<br> | Operator License Number | OL Class<br><input type="checkbox"/> | No Valid OL<br><input type="checkbox"/> | M/C End<br><input type="checkbox"/> | Condition<br><input type="checkbox"/> | Alcohol/Drug Suspected<br><input type="checkbox"/> | Alcohol Test Status<br><input type="checkbox"/> | Alcohol Test Type<br><input type="checkbox"/> | Alcohol Test Value<br> | Drug Test Status<br><input type="checkbox"/> | Drug Test Type<br><input type="checkbox"/> |
|--------------|-------------------------|--------------------------------------|---|-------------------------------------|---------------------------------------|--|---|---|------------------------|--|--|

|  |                     |                 |  |  |
|--|---------------------|-----------------|--|--|
| Offense Charged<br><input type="checkbox"/> Local Code | Offense Description | Citation Number | Hands-Free Device Used<br><input type="checkbox"/> | Driver Distracted By<br><input type="checkbox"/> |
|--|---------------------|-----------------|--|--|

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| <b>Injuries</b><br>1 - No Injury/None Reported<br>2 - Possible<br>3 - Non-Incapacitating<br>4 - Incapacitating<br>5 - Fatal | <b>Injured Taken By</b><br>1 - Not Transported / Treated at Scene<br>2 - EMS<br>3 - Police<br>4 - Other<br>9 - Unknown | <b>Safety Equipment Used</b><br><b>Motorist</b><br>01 - None Used - Vehicle Occupant<br>02 - Shoulder Belt Only Used<br>03 - Lap Belt Only Used<br>04 - Shoulder Belt and Lap Belt Used<br><b>Non-Motorist</b><br>05 - Child Restraint System-Forward Facing<br>06 - Child Restraint System-Rear Facing<br>07 - Booster Seat<br>08 - Helmet Used<br>99 - Unknown Safety Equipment | <b>Non-Motorist</b><br>09 - None Used<br>10 - Helmet Used<br>11 - Protective Pads Used (Elbows, Knees, Etc)<br>12 - Reflective Clothing<br>13 - Lighting<br>14 - Other |
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| <b>Seating Position</b><br>01 - Front - Left Side (Motorcycle Driver)<br>02 - Front - Middle<br>03 - Front - Right Side<br>04 - Second - Left Side (Motorcycle Passenger)<br>05 - Second - Middle<br>06 - Second - Right Side<br>07 - Third - Left Side (Motorcycle Side Car)<br>08 - Third - Middle<br>09 - Third - Right Side<br>10 - Sleeper Section of Cab (Truck)<br>11 - Passenger in Other Enclosed Cargo Area (Non-Trailing Unit Such as a Bus, Pick-up with Cab)<br>12 - Passenger in Unenclosed Cargo Area<br>13 - Trailing Unit<br>14 - Riding on Vehicle Exterior (Non-Trailing Unit)<br>15 - Non-Motorist<br>16 - Other<br>99 - Unknown | <b>Air Bag Usage</b><br>1 - Not Deployed<br>2 - Deployed Front<br>3 - Deployed Side<br>4 - Deployed Both Front/Side<br>5 - Not Applicable<br>9 - Deployment Unknown |
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| <b>Ejection</b><br>1 - Not Ejected<br>2 - Totally Ejected<br>3 - Partially Ejected<br>4 - Not Applicable | <b>Trapped</b><br>1 - Not Trapped<br>2 - Extricated by Mechanical Means<br>3 - Extricated by Non-Mechanical Means | <b>Operator License Class</b><br>1 - Class A<br>2 - Class B<br>3 - Class C<br>4 - Regular Class (Ohio is "D")<br>5 - MC/Moped <u>Only</u> | <b>Condition</b><br>1 - Apparently Normal<br>2 - Physical Impairment<br>3 - Emotional (Depressed, Angry, Disturbed)<br>4 - Illness<br>5 - Fell Asleep, Fainted, Fatigued<br>6 - Under The Influence of Medications, Drugs, Alcohol<br>7 - Other | <b>Alcohol/Drug Suspected</b><br>1 - None<br>2 - Yes - Alcohol Suspected<br>3 - Yes - HBD Not Impaired<br>4 - Yes - Drugs Suspected<br>5 - Yes - Alcohol and Drugs Suspected |
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| <b>Alcohol Test Status</b><br>1 - None Given<br>2 - Test Refused<br>3 - Test Given, Contaminated Sample/Unusable<br>4 - Test Given, Results Known<br>5 - Test Given, Results Unknown | <b>Alcohol Test Type</b><br>1 - None<br>2 - Blood<br>3 - Urine<br>4 - Breath<br>5 - Other | <b>Drug Test Status</b><br>1 - None Given<br>2 - Test Refused<br>3 - Test Given, Contaminated Sample/Unusable<br>4 - Test Given, Results Known<br>5 - Test Given, Results Unknown | <b>Drug Test Type</b><br>1 - None<br>2 - Blood<br>3 - Urine<br>4 - Other | <b>Driver Distracted By</b><br>1 - No Distraction Reported<br>2 - Phone<br>3 - Texting/E-mailing<br>4 - Electronic Communication Device<br>5 - Other Electronic Device (Navigation Device, Radio, DVD)<br>6 - Other Inside the Vehicle<br>7 - External Distraction |
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| Unit Number<br> | Name: Last, First, Middle | Date of Birth<br> | Age<br> | Gender<br><input type="checkbox"/> F - Female<br><input type="checkbox"/> M - Male |
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| Address, City, State, Zip |  | Contact Phone - include area code |
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| Injuries<br><input type="checkbox"/> | Injured Taken By<br><input type="checkbox"/> | EMS Agency | Medical Facility Injured Taken To | Safety Equipment Used<br><input type="checkbox"/> | DOT Compliant Motorcycle Helmet<br><input type="checkbox"/> | Seating Position<br> | Air Bag Usage<br><input type="checkbox"/> | Ejection<br><input type="checkbox"/> | Trapped<br><input type="checkbox"/> |
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|                 |                           |                   |         |  |
|-----------------|---------------------------|-------------------|---------|--|
| Unit Number<br> | Name: Last, First, Middle | Date of Birth<br> | Age<br> | Gender<br><input type="checkbox"/> F - Female<br><input type="checkbox"/> M - Male |
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| Address, City, State, Zip |  | Contact Phone - include area code |
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| Injuries<br><input type="checkbox"/> | Injured Taken By<br><input type="checkbox"/> | EMS Agency | Medical Facility Injured Taken To | Safety Equipment Used<br><input type="checkbox"/> | DOT Compliant Motorcycle Helmet<br><input type="checkbox"/> | Seating Position<br> | Air Bag Usage<br><input type="checkbox"/> | Ejection<br><input type="checkbox"/> | Trapped<br><input type="checkbox"/> |
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